L0500	0022900
(Requestor's Name) (Address) (Address)	800115985318
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	01/28/0801033023 ***30.00
Certified Copies Certificates of Status	UNISION OF CORPORATIONS 08 JAN 28 PH 4: 12
Office Use Only	
	J. BRYAN JAN 29 2008

EXAMINER

COVER	LET	rer
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TO: Registration Section · Division of Corporations

Mitchell Creek, LLC (Name of Limited Liability Company) SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin I. Remal Cadenhead Law Firm 543 Hachor Blud, Ste. 501 (Address) FL 32541 (City/State and Zip Code) Destin,

For further information concerning this matter, please call:

Justin I. Remon (Name of Person)

at (<u>850)</u> 837-5509 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

08 JAN 28 PH 4: 12

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

Mitchell Creek	, LLC
(Name of the Limited Liability C	Company as it now appears on our records.)
(A Florida Lir	nited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_03-07-2005\_ and assigned Florida document number <u>L05000022900</u>

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

NIA		

(Enter Florida street address)

, Florida

(Zip Code)

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records: T

## MGR = Manager MGRM = Managing Member

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Title	Name	Address	Type of Action	
MGRM	Macilyn Jinks	543 Harbor Blud, Ste 501 Nertin, FL 32541	_ [ℓ] Add Remove	
			Add Remove	
u			Add Remove	
			Add Remove	
			Add Remove	
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets. if necessary.)	Add SECRETARY	
			RY OF STATE CORPORATIONS B PH 4: 12	
Dated Arm	<u>, mar 23.200</u>	18-	_	
	0 Aus	r authorizéd représentative of a member		
-	Justin Typed or	printed name of signee		
Page 2 of 2				

Filing Fee: \$25.00